U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From: 1	NS DEAD			
A. Name and address of person filing. Name Jeffrey L Brudvig Labor Organization File Number Labor Organization File Number P.O. Box, Bildg., Room No., if any Street 15.05 Riverdale Rd City Sioux Falls City Sioux Falls City Sioux Falls State South Dakota ZIP Code + 4 577.05 State South Dakota ZIP Code + 4 577.05 State South Dakota ZIP Code + 4 577.03 Fenter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as appetition in labor organization. Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as appetition in the exclusions as the file instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monotary value from an employer whose employees your organization represents or is actively seeking to represent. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any P.O. Box, Bildg., Room No., if any T.b. Amount. 7.b. Amount. 7.b. Amount. 7.b. Amount. 1.c. Signature and verification. The undoesigned daclares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in the irreport (including be internation contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned sinowineign and belief, true, correct, and complete. (See the exciton on penalties in the instructions.)	1. File Number U - 54/9	formal formal formation for the formation of the control of the co		
Name Jeffrey L Brudvig Labor Organization File Number 540 955 P.O. Box, Bidg., Room No., if any P.O. Box, Building and Room Number, if any Street 1505 Riverdale Rd Steet 612 E 4th St City Sioux Falle City Sioux Falle State South Dakota ZIP Code + 4 57105 State South Dakota ZIP Code + 4 57105 State South Dakota ZIP Code + 4 57103 Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Heid an interest in, engaged in transactions (including loans) the exclusions set forth in the instructions): A. Heid an interest in, engaged in transactions (including loans) the exclusions set forth in the instructions): A. Heid an interest in, engaged in transactions (including loans) the exclusions set forth in the instructions): A. Heid an interest in, engaged in transactions (including loans) to exclusion set on the instructions): A. Heid an interest in, engaged in transactions (including loans) to exclusion set forth in the instructions): A. Heid an interest in, engaged in transactions (including loans) to expresent or its actively seeking to represent. A. Heid an interest in, engaged in transactions (including loans) to expresent or its actively seeking to represent. Take Name and address of Employer (including trade name, if any). 7.b. Amount. 7.b. Amount. 7.b. Amount. 7.b. Amount. 1.c. Signature and verification. The undersigned declares, under prenty of Perjury and other applicable penalties of the law, that all of the information actualized in the instructions.) 8. Signature and verification. The undersigned declares, under prenty of Perjury and other applicable penalties of the law, that all of the information actualized in the instructions.)		1 / 1 / 2004 Through: 12 / 31 / 2004		
Labor Organization File Number 540 155 P.O. Box, Bidg., Room No., if any Street 1505 Riverdale Rd City Sioux Falls State South Dakota ZIP Code + 4 57105 State South Dakota ZIP Code + 4 57105 State South Dakota ZIP Code + 4 57103 5. Position in labor organization. Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any 7.b. Amount. Street Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, twe, correct, and complete. (See the section on penalties in the instructions.)	Name and address of person filing.	4. Name, file number, and address of labor organization.		
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Street 1505 Riverdale Rd		Labor Organization File Number 545 995		
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	Signed Jy Bruduig			

Name of Person Filing Jeffrey Brudvig	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actionable (2) any part of which consists of buying from or selling or leasing directly or including with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise	
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name UA Local Union #300	process,	
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 612 E 4th St	c. Employer	
City Sioux Falls		
State South Dakota ZIP Code + 4 57103		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name UA Local Union #300 JATC Trust	Attendance at Instructor Training Program in Ann Arbor Michigan acting in capacity of Training	
Trade Name, if any:	Coordinator for Sioux Falls, SD office of UA Local	
P.O. Box, Bldg., Room No., if any		
Street 312 31st Ave SW	11.b. Approximate dollar value of such dealing.	
City Minot	12.a. Nature of interest held or income received.	
State North Dakota ZIP Code + 4 58701	Reimbursed Food Expenses	
	12.b. Amount. \$32	
	7-2	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:	And and a second	
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

SUPPORTING FORM FOR LM-30

REIMMURSEMENT FOR MEAL EXPENSES		32.00
LINE 12 b	ТОТАТ	22 AA